

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # 31517345											
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT										
Filing			\$										
Amendment			\$										
Extension of Time			\$										
Notice of Appeal/Appeal			\$										
Petition			\$										
Issue			\$										
Cert of Correction/Terminal Disc.			\$										
Maintenance			\$										
Assignment			\$										
Other			\$										
		7 TOTAL AMOUNT OF REFUND	\$										
		8 TO BE REFUNDED BY 30822789											
10 REASON:		Treasury Check \$500.00 Credit Card Refund Total:											
Overpayment		Credit Deposit A/C #:											
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
No Fee Due (Explanation):													
11 REFUND REQUESTED BY:													
TYPED/PRINTED NAME: _____		TITLE: _____											
SIGNATURE: _____		PHONE: _____											
OFFICE: _____													
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****													
APPROVED: _____		DATE: _____											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**